



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL SOUTH

City of Hospital: Indianapolis

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the
Report: Paul Klassen

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Medicare Provider Number: 15-0128

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$264875775
Outpatient Patient Service Revenue	\$224960796
Total Gross Patient Service Revenue	\$489836571

2. Deductions From Revenue

Contractual Allowance	\$288423765
Other Deductions	\$21979740
Total Deductions	\$310403505

3. Total Operating Revenue

Net Patient Service Revenue	\$179433066
Other Operating Revenue	\$4650743
Total Operating Revenue	\$184083809

4. Operating Expenses

Salaries and Wages	\$45502654	Employee Benefits	\$15704678
Depreciation and Amortization	\$10037733	Interest Expense	\$3739852
Bad Debt	\$9574988	Other Expenses	\$76453893
Total Operating Expenses	\$161013798		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$23070011	Total Assets	\$422559801
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$200033475
Total Net Gains	\$23070011		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$215938762	\$167345487	\$48593275
Medicaid	\$46424863	\$32005159	\$14419704
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$227472946	\$111052859	\$116420087
Total	\$489836571	\$310403505	\$179433066

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$330659	\$-330659

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$147355	\$618489	\$-471134

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$21979740
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6132347	
HCI Payments	\$0		
Subtotal	\$0	\$6132347	\$-6132347
Medicaid Shortfalls	\$14419704	\$21729801	
Subtotal	\$14419704	\$27862148	\$-13442444
DSH Payments	\$0		
Subtotal	\$14419704	\$27862148	\$-13442444
Medicare Shortfalls	\$48593275	\$60246915	
Other Government Programs	\$0	\$0	
Total	\$63012979	\$88109063	\$-25096084

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

